

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003204
AF

DOCUMENT # M98000001404

1. Entity Name
AJR REDLANDS EXXON LLC

01 APR 27 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
145 MADEIRA AVENUE, SUITE 310
CORAL GABLES FL 33134

Mailing Address
145 MADEIRA AVENUE, SUITE 310
CORAL GABLES FL 33134-4520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3541614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ DE VARONA, RAUL J PA
145 MADEIRA AVENUE, SUITE 310
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS SANCHEZ DE VARONA, RAUL J
CITY-ST-ZIP 145 MADEIRA AVE., SUITE 310
CORAL GABLES FL 33146

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200004211942--8
CITY-ST-ZIP -05/11/01--01088--002
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS ALFONZO, JOSE E
CITY-ST-ZIP 145 MADIRA AVE., SUITE 310
CORAL GABLES FL 33134

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM ☐ Delete
STREET ADDRESS CORPAS, ARMANDO A
CITY-ST-ZIP 145 MADIRA AVE., SUITE 310
CORAL GABLES FL 33134

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)